

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 6/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was six. Six resident files and three employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 035 SS=F	NAC 449.098(3)) Preparations for disaster  3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill must be retained in the facility for not less than 12 months after the drill is conducted.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility had not conducted an annual disaster drill in the previous twelve months.  Findings include:  The fire drill log was reviewed, but did not contain any evidence the facility conducted an annual disaster drill in the previous twelve months.	D 035		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 035	Continued From page 1  Severity: 2 Scope: 3	D 035		
D 042 SS=C	NAC 449.105 Insurance  Liability insurance in a sufficient amount to protect clients, members of the staff, volunteers, and visitors, must be maintained. A certificate of insurance must be furnished to the health division. The certificate must include provision for 30 days notice to the division of cancellation or the nonrenewal of the policies.  This Regulation is not met as evidenced by: Based on record review and interview on 6/10/09, the facility failed to provide a current copy of a certificate of liability insurance for review.  Findings include:  A current certificate of liability was not available in the facility for review. Employee #3 was asked to have someone in the main office fax the certificate to the Bureau by 6/12/09. As of 6/17/09, the Bureau has not received the certificate and is unable to determine if the facility has a current certificate of liability insurance.  Severity: 1 Scope: 3	D 042		
D 094 SS=A	NAC 449.114(9)(f) Employees  9. A personnel record must be maintained for each employee. The record must contain: (f) Job performance evaluations;  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility did not perform a job performance evaluation on	D 094		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 094	Continued From page 2  1 of 3 employees.  Findings include:  Employee #1 - Rehire date was 11/11/06. The last annual performance evaluation was dated 5/27/08.  Severity: 1 Scope: 1	D 094		
D 100 SS=F	NAC 449.117 Physical Examinations  All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis.  This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120) 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage. Based on record review on 6/10/09, the facility did not ensure that 1 of 3 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB).	D 100		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 100	Continued From page 3  Findings include:  Employee #2's hire date was 10/15/07. Her file did not contain a copy of a physical examination or certification from a physician that the employee was in a state of good health, was free from active tuberculosis and any other communicable diseases in a contagious stage.  Severity: 2 Scope: 3	D 100		
D 132 SS=F	NAC 449.129(3) Construction Standards  3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105.  This Regulation is not met as evidenced by: National Fire Protection Association 101 Life Safety Code 2006 edition  Chapter 26 Lodging or Rooming Houses.  26.3.4 Detection, Alarm, and Communications Systems.  26.3.4.1.1 Lodging and rooming houses, other than those meeting 26.3.4.1.2, shall be provided	D 132		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 132	Continued From page 4  with a fire alarm system in accordance with Section 9.6.  9.6 Fire Detection, Alarm, and Communications Systems.  9.6.1.5 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72 National Fire Alarm Code requires annual testing and certification by a person qualified to test and certify the system.  Based on observations on 6/10/09, the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) 2006 edition.  Findings include:  The inspection tag on the facility's fire alarm was expired. The tag was dated 2/14/08.  Severity: 2 Scope: 3	D 132			
D 215 SS=F	NAC 449.141(7) Health Services  7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility	D 215			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3784ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGE HOUSE III</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>990 CAMBRIDGE RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 215	Continued From page 5  did not ensure that 3 of 3 staff persons had evidence of cardiopulmonary resuscitation training (CPR).  Findings include:  Employee #1's file contained an expired CPR card dated 2/16/09.  Employee #2's and #3's file contained expired CPR cards dated 5/16/09.  Severity: 2 Scope: 3	D 215			
D 217 SS=D	NAC 449.141(9) Health Services  9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility did not ensure that 1 of 3 staff persons had evidence of first aid training.  Findings include:  Employee #1's file contained a first aid certificate from PGM Safety Services. The certificated indicated the class was held on 2/16/07, but the certificate did not provide an expiration date.  Severity: 2 Scope: 1	D 217			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.